MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 93-d

01978

CERTIFICATE OF DEATH

Reg. Dist. No. 164

1. PLACE OF DEATH:
County Garrett
City or town Rural Near accident
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 75 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garrett
City or town Rural Near accident Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Bowman

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Annie M Bowman
6(c) If alive, give age 77 years
7. Birth date of deceased (mo., day, yr.) August 13. 1854.
8. AGE: Years 85 Months 6 Days 5 If less than one day ___ hrs. ___ min.
9. Birthplace Rural Near Grantsville (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Daniel Bowman
13. Birthplace Germany
MOTHER 14. Maiden name Not Known
15. Birthplace Not Known
16. Informant Annie M Bowman
Address Accident Md R D
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-21-1940 (month) (day) (year)
Cemetery or crematory Accident Cemetary
Location Accident Md
18. Funeral director Wm Winterberg
Address Grantsville Md
19. Feb 19, 1940 (Date rec'd by registrar) A. J. Richter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18 1940, at 5 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to Feb 18 1940
and that I last saw him alive on Feb 10 1940
Immediate cause of death Chronic Myocarditis — DURATION 3 yrs
Due to Arteriosclerosis
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE N. R. Davis M.D. M. D. or other
Address Grantsville Md Date signed Feb 19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 2 1940
BUREAU V. S.

H.5.B.1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01979

Reg. Dist. No. 167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Red House Oakland R.2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County Fayette

City or town Smithfield, R.D.#1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert A. Brooks

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Lavara Brooks (Deceased)

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1862

8. AGE:

Years	Months	Days	If less than one day
78	0	2	hrs. min.

8. Birthplace Springhill Twp. Fayette Co. Pa.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Oliver Brooks

13. Birthplace Springhill Twp. Penna

MOTHER

14. Maiden name Elizabeth Ann Lyons

15. Birthplace Springhill Twp. Penna.

16. Informant Howard Brooks

Address Smithfield, Penna.

17. (Burial, cremation, or removal. Which?) Date thereof 2-20-40 (month) (day) (year)

Cemetery or crematory Lake Lynn, Penna.

Location

18. Funeral director James B. Vance

Address Smithfield, Penna.

19. Feb 18 1940 (Date rec'd by registrar) Elmer E. Shaffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18, 1940, at 3:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 21 1940, to February 18 1940, and that I last saw him alive on February 17 1940

	DURATION
Immediate cause of death Acute cardiac muscle strain (possibly coronary thrombosis)	2/11/40
Due to Lobar pneumonia preceding	1/30/40
and or following	2/13/40
Due to Chronic Auricular Fibrillation	years.
and probably on basis of Chronic Rheumatic Heart disease	?
Other conditions Mild hypertension	many years.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold C. Miller, M.D. M. D. or other

Address Eglon, W.Va. Date signed 2/18/40

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

01980

Reg. Dist. No. 168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County GARRETT
City or town FROSTBURG. RD2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 17 HOURS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County GARRETT
City or town FROSTBURG. RD2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME (BABY) CROWE

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/28/40

8. AGE: Years | Months | Days | If less than one day 17 hrs. min.

9. Birthplace GARRETT. CO.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name ELBERT WOODROW CROWE
13. Birthplace Garrett Co - md

MOTHER
14. Maiden name EDNA CHARLOTTE BITTNER
15. Birthplace Garrett Co. md

16. Informant Woodrow Crowe
Address Route 2 B-54 Frostburg md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 1 1940 (month) (day) (year)
Cemetery or crematory Johnson Cemetery
Location National Pike. near Johnson Farm

18. Funeral director Woodrow Crowe (Father)
Address R.2 Box 54 Frostburg Md.

19. March 1 19 40 Thomas Crowe.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

12 30 A M

20. DATE OF DEATH 2/29/40 19 , at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/28/40 19 to 2/28/40 19 , and that I last saw h IM alive on 2/28/40 19 .

Immediate cause of death	PREMATURITY	DURATION
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John Kilday, M.D.
M. D. or other
Address 56 W. Main St. Date signed 3/1/40
FROSTBURG, MD.

RECEIVED
1940
BUREAU V. S.

01981

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County Garrett

City or town Friendsville, Md R.F.D. Rt 1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Friendsville R.F.D. Rt 1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Lucinda Fearer

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William Fear

B(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March - ? - 1860

8. AGE: Years: 79 Months: 11 mo Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Garrett Co. Friendsville R.F.D. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER

12. Name: Mr. Lewis Sickle

13. Birthplace: Friendsville Maryland R.F.D.

MOTHER

14. Maiden name: Mrs. Lucinda Sickle

15. Birthplace: Friendsville Maryland R.F.D.

16. Informant: Mr. Jerry Fearer

Address: Friendsville Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 18 - 1940 (month) (day) (year)

Cemetery or crematory: Fearer

Location: Fearer, Md.

18. Funeral director: E. G. Harned

Address: Brandonville, W. Va.

19. Feb 17, 1940 (Date rec'd by registrar) Jeannette Statler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb - 15 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb - 3 1940, to Feb - 13 1940, and that I last saw her alive on Feb - 13 1940.

Immediate cause of death: Cerebral Hemorrhage & prob. Thrombosis

Due to: arteriosclerosis

Due to: Fracture of Rt femur

Due to an accidental fall. cuff R.

Other conditions: Fell, in her home, January 18th, 1940.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 3 days; unknown; 4 wks

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident. Date of January 18, 1940.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in her home.

Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: W. C. Medrow M. D. or other

Address: Friendsville Md Date signed 2/16/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83-a

01982

CERTIFICATE OF DEATH

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Rural Near Grantsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Garrett

City or town Rural Near Grantsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3 miles S. of Grantsville
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Arminta May Falk

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wm. M Falk

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) July 18 1868

8. AGE:

Years	Months	Days	If less than one day
71	6	17	____ hrs. ____ min.

9. Birthplace Rural Near Grantsville Garrett Md
(Town, county, and state)

10. Usual occupation Home Wife

11. Industry or business

FATHER
12. Name Jacob D Otto
13. Birthplace Germany

MOTHER
14. Maiden name Anna Bender
15. Birthplace Germany

16. Informant Wm M Falk

Address Grantsville

17. Burial Date thereof 2-6-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Falls Cemetary

Location Rural Near Grantsville

18. Funeral director Wm Winebrenner

Address Grantsville Md R

19. Feb. 5 1940. Clyde T. Beeler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3 1940, at 10.86 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 2 1939, to Feb 3 1940, and that I last saw h-er alive on Nov 27 1939.

	DURATION
Immediate cause of death Cerebral hemorrhage	
Due to	
Due to	
Other conditions Hypertension,	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alexander Solosky M.D.
M. D. or other

Address Salisbury Pa Date signed Feb 6, 1940

RECEIVED
MAR 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01983

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:

County: Garrett

City or town: Bloomington — Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Garrett

City or town: Bloomington — Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Thelma Catheryn Hinkle

3. (b) Social Security Number: None

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Baby

6 (b) Name of husband or wife: Baby

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 2/11/40

8. AGE: Years | Months | Days | If less than one day: Stillborn hrs. ____ min.

9. Birthplace: Bloomington
(Town, county, and state)

10. Usual occupation: Baby

11. Industry or business: "

FATHER
12. Name: Grover C. Hinkle
13. Birthplace: Lewis Co. W. Va

MOTHER
14. Maiden name: Evelyn C. Moorhead
15. Birthplace: Bloomington, Md

16. Informant: Grover C. Hinkle
Address: Bloomington

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2/11/40 (month) (day) (year)

Cemetery or crematory: Bloomington Cemetery

Location: Bloomington Md

18. Funeral director: Self.
Address: Bloomington Md

19. 2 — 12 1940 (Date rec'd by registrar) Dorsey Pattison Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 11 1940, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/11 1940, to 2/11 1940, and that I last saw her alive on Stillborn 2/11 1940.

Immediate cause of death: Intrauterine ~~Asphyxia~~ asphyxia — DURATION: 2/11/40

Due to: Breech Delivery — 2/11/40

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of: —

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: F. E. Berry M.D. M. D. or other

Address: Piedmont Wva Date signed: 2/11/40

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-d)

CERTIFICATE OF DEATH

01984

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Gaselle

City or town Rural Near grantsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural Near grantsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Hoover

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Eliza Hoover

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) March 4 - [illegible] 1867

8. AGE:

Years	Months	Days	If less than one day
80	11	13	____ hrs. ____ min.

9. Birthplace Jennings Garrett Co Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Carlile Hoover
13. Birthplace Not known

MOTHER
14. Maiden name Rosanna Durst
15. Birthplace Rural Near grantsville

16. Informant Eliza Hoover

Address grantsville Md

17. Burial Date thereof 2-20-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory grantsville

Location Near grantsville

18. Funeral director Wm Winterberg

Address grantsville Md

19. 2-19 1940 Clyde F. Bender
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1940, at 11:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to Feb 17 1940, and that I last saw h[illegible] alive on Feb 9 1940.

Immediate cause of death Chronic Valvular heart disease

Due to

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. A. Davis M.D.
M. D. or other

Address Grantsville Md Date signed Feb 19

RECEIVED
MAR 9 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01985

(106t)

Reg. Dist. No. 167

1. PLACE OF DEATH:

County Garrett

City or town Rural Near (Bayard)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Rural Near Bayard Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Lucretia Kimmell

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 5, 1876.

8. AGE: Years 63 Months 6 Days 15 If less than one day hrs. min.

9. Birthplace Garrett Co., Md. (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER 12. Name Andy Kimmell

13. Birthplace

MOTHER 14. Maiden name Mary Ann Ringler

15. Birthplace

16. Informant Roy Rinker,

Address Bayard, West Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 23, 1940 (month) (day) (year)

Cemetery or crematory East Mt Storm, W.Va

Location Clarence Hanline farm

18. Funeral director Otha F. Sharpless

Address Blaine, W.Va.

19. February 22, 1940. Virginia M. Harvey (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1940, at 12N M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1938, to Feb 18 1940, and that I last saw her alive on Feb 18 1940.

Immediate cause of death

Due to Bronchiectasis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

DURATION: two years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) no

Means of injury Injured at work?

23. SIGNATURE W. G. Drinkwater M. D. or other

Address Germania, W.Va. Date signed Feb 22 1940

RECEIVED
MAR 8 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

CERTIFICATE OF DEATH

01986

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Oakland, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Oakland, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME H oward King.

3. (b) Social Security Number No.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7 1879

8. AGE: Years	Months	Days	If less than one day
60	5	27	hrs. min.

9. Birthplace Garrett County
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden name Adeline King.

15. Birthplace Unknown

16. Informant Mrs. Mary Ellen Hoot en.

Address Gormania, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 6th 1940 (month) (day) (year)

Cemetery or crematory Ours Cemetery

Location Near Loch Lynn, Md.

16. Funeral director Emroy D. Bolden.

Address O akland, Md.

19. 2/5/40 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 12:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 4 1940, to Feb. 4 1940, and that I last saw h alive on Dead on arrival 19

Immediate cause of death	DURATION
(a) Fractured Skull,	
Due to (b) Fractured cervical vertebrae 5 & 6, (c) Crushing injury anterior chest wall right, (d) Fracture right tibia and fibula.	
Due to Accidental traumatism due to being struck by train.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2/1/40

Where did injury occur? Oakland, Md. (City or town) 2nd St. RR Cross- (County) (State)

Injured at home, farm, industry, public place (where?) ing.

Means of injury Struck by train Injured at work? No

23. SIGNATURE E. Emroy Bolden M. D. or other

Address Oakland, Maryland Date signed

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (III-a)

01987

CERTIFICATE OF DEATH

Reg. Dist. No. 164

1. PLACE OF DEATH:
County Garrett
City or town Route Accident
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr 8 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Accident Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Salinda Oates

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George Oates
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18, 1856

8. AGE:

Years	Months	Days	If less than one day
84	—	6	hrs. min.

9. Birthplace Smithfield Pa
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name Dan Bowser
13. Birthplace
MOTHER 14. Maiden name Harriet Schrock
15. Birthplace Pa
16. Informant A. J. Richter
Address Accident, Md
17. Burial Date thereof Feb 27 1940
(Burial, cremation, or removal? Which?) (month) (day) (year)
Cemetery or crematory Cove Cemetery
Location Cove
18. Funeral director Wm Wentzler
Address Grantsville Md
19 Feb 26 1940 A. J. Richter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1940, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 23 1940, to February 24 1940, and that I last saw h alive on February 24 1940

Immediate cause of death	DURATION
Pulmonary Embolism	1 day
Generalized arteriosclerosis	20 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eugene Grunewald MD
M. D. or other
Address Friendsville, Md Date signed 2-26-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01988

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Rural Near Grantsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) — Lifetime —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural Near Grantsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. New Germany section.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Christian J Otto

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elsie A Otto

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 29 - 1848

8. AGE: Years	Months	Days	If less than one day
91	2	3	____ hrs. ____ min.

9. Birthplace Rural Near Grantsville Garrett Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Jacob Otto

13. Birthplace Germany

MOTHER 14. Maiden name Mary Ketterer

15. Birthplace Germany

16. Informant Samuel L Otto

Address R. D Grantsville

17. Burial Date thereof 2 - 4 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Germany Cemetary

Location Rural Near Grantsville

18. Funeral director Wm Winterberg

Address Grantsville Md.

19. 2-3 1940 Clyde F Bender
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940, at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Feb 2 1940, and that I last saw him alive on Feb 1 1940

Immediate cause of death	DURATION
& brain Myocarditis	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. R. Davis M. D.
M. D. or other

Address Grantsville Date signed Feb 3

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

01989

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Oakland, Md. Route.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 19 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland, County: Garrett

City or town: Near Oakland, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John Wesley Peck.

3. (b) Social Security Number: No.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower.

6 (b) Name of husband or wife: Carma May Peck.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 2d, 1879.

8. AGE:

Years	Months	Days	If less than one day
60	8	8	hrs. min.

9. Birthplace: Bittinger, Md.
(Town, county, and state)

10. Usual occupation: Miner.

11. Industry or business

FATHER
12. Name: Jacob Peck.
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown.

16. Informant: Mrs Hazel Helms.
Address: Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 13th, 1940 (month) (day) (year)

Cemetery or crematory: Rodeheaver Cem.

Location: Near Oakland, Md.

18. Funeral director: Emroy D. Bolden.

Address: Oakland, Md.

19. Feb. 12, 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 10th, 1940, at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 9, 1940, to February 4 1940, and that I last saw him alive on 19

Immediate cause of death	DURATION
Cardiac decompensation	
Due to Auricular fibrillation	
Due to Malignant Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. E. Manns, M.D.
M. D. or other

Address: Oakland, Md. Date signed 2-17-40.

RECEIVED
MAR 5 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01990

81-C

1. PLACE OF DEATH

County Garrett Registration Dist. No. 167

Village or City Grantsville, W. Va. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bettie Louise Simmons

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: W O

6. DATE OF BIRTH (month, dey, and yeer): Sept 12, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked et this occupation (month and year): ✓

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (Stete or country): Garrett Co Maryland

FATHER

13. NAME: Walter Simmons

14. BIRTHPLACE (city or town) (State or country): Garrett Co Md.

MOTHER

15. MAIDEN NAME: Daisy Blizzard

16. BIRTHPLACE (city or town) (State or country): W Va.

17. INFORMANT: Walter Simmons (Address) Grantsville, W. Va.

18. BURIAL, CREMATION, OR REMOVAL Place Grantsville Date Feb 13, 1940 Md., 19

19. UNDERTAKER: Floyd Arnold (Address) Grantsville, W. Va.

20. FILED Feb 12, 1940. Virginia M. Harvey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, Thet I attended deceased from Feb. 9th, 1940, to Feb. 10th, 1940

I last saw h— elive on Feb 10, 1940; death is said to have occurred on the date steted above, at 1.30 P. m.

The **PRINCIPAL CAUSE OF DEATH** end related ceuses of importance were as follows:

	Date of onset
Simple Meningitis:	
Acute cerebro spinal meningitis.	
Duration: three days. C.W.R.	
Other **Contributory Causes** of importance:	

Neme of operation Date of

What test confirmed diagnosis? Was there en autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseese or Injury in any wey related to occupation of deceesed? W O

If so, specify

(Signed) W. G. Dinkwater M. D.

(Address) Grantsville, W. Va.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

01991

Reg. Dist. No. 16-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Reynold - R.F.D. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany

City or town Reynolds Md R.F.D. 1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Wilson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Elizabeth Fourqidgue Wilson

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): June 1, 1864

8. AGE: Years 75 Months 8 Days 4 If less than one day hrs. min.

9. Birthplace: Bekins, Allegany, Md. (Town, county, and state)

10. Usual occupation: Miner

11. Industry or business: Coal Mine

FATHER 12. Name: John Wilson

FATHER 13. Birthplace: Canada

MOTHER 14. Maiden name: Margaret Mc Kenzie

MOTHER 15. Birthplace: Canada

16. Informant: Mrs. Wm. Wilson

Address: Reynolds, Md, R.F.D. No. 1.

17. Burial (Burial, cremation, or removal? Which?) Date thereof Feb. 7, 1940 (month) (day) (year)

Cemetery or crematory: Bloomington Cem.

Location: Bloomington, Md.

18. Funeral director: D. L. Beal

Address: Barton, Md.

19. 2-7 1940 (Date rec'd by Registrar) Dorsey Pattison Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5, 1940, at 9:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3 1940, to Feb 4 1940, and that I last saw him alive on Feb 4 1940.

	DURATION
Immediate cause of death: Bronchopneumonia	3 days
Due to: La Grippe	4 days
Due to:	
Other conditions: Chr. Myocarditis Arthrosis (Include pregnancy within 3 months of death)	1 mo

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Norman Reese M.D.

Address Westernport Md M. D. or other

Date signed 2-7-40

RECEIVED
MAR 2 1949
BUREAU Y. S.